

# Morbidity of RALP for PCa with seminal vesicle invasion

## results from the Be-RALP project

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### INTRODUCTION & OBJECTIVES

The use of robot-assisted laparoscopic prostatectomy (RALP) in high-risk prostate cancer (PCa) and even locally advanced disease is gaining more and more adherents. The objective is to evaluate the early postoperative outcome of RALP in patients with confirmed seminal vesicle invasion on pathology (pT3b).

### MATERIAL & METHODS

As part of the prospective Be-RALP project, from October 2009 till March 2016, 796 patients with pT3b PCa were evaluated.

### RESULTS

Overall, pelvic lymph-node dissection (PLND) was performed in 69% of patients. Five hundred twenty-seven patients had high-risk localized or locally advanced PCa. Eighty-five% of patients with high-risk locally advanced PCa received PLND.

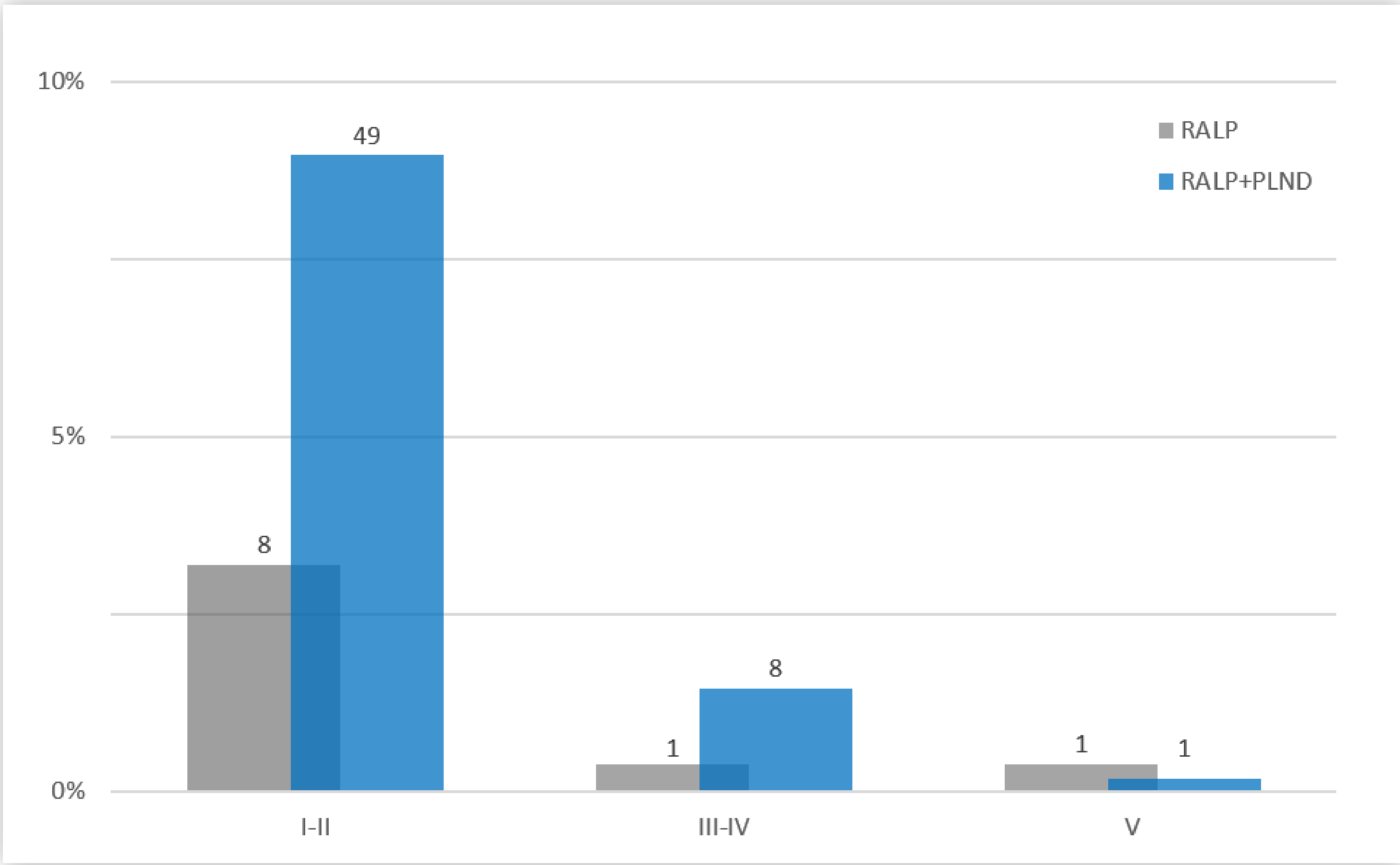
Early postoperative complications (0-30d) were reported in 68 patients (8.5%, Table 1).

Complications were more frequent when PLND was performed (11% vs 4%,  $p=0.002$ , Figure 1).

Table 1: Overview of early postoperative complications (0-30d)

Clavien-Dindo 0-30d, n (%)	total (n=796)	RALP+PLND (n=546)	RALP (n=250)	p value
0	728 (92)	488 (89)	240 (96)	0.002
I	46 (5.8)	42 (7.7)	4 (1.6)	<0.001
II	11 (1.4)	7 (1.3)	4 (1.6)	0.7
III	9 (1.1)	8 (1.5)	1 (0.4)	0.3
IV	-	-	-	-
V	2 (0.3)	1 (0.2)	1 (0.4)	0.5

Figure 1: Percentage of early postoperative complications (0-30d)



After multivariable analysis, performing PLND and intraoperative complication(s) were independent risk factors for developing early postoperative complications (resp. OR2.80,  $p=0.003$  and 3.42,  $p=0.040$ ).

On univariate Cox-regression analysis, development of an early postoperative complication was a prognostic factor for overall survival (HR3.25,  $p=0.003$ ).

### CONCLUSIONS

- > RALP plays its role in current daily practice for the treatment of PCa with seminal vesicle invasion, this with acceptable morbidity.
- > Morbidity is mainly related to the use of PLND